

## **ATTACHMENT #3**

### **APPLICATION FOR KINSHIP CARE PAYMENT**

Attachment #3 is a model application form for the Kinship Care program. This is a model form and is not required. This is Form CFS-2023 and can be ordered in writing (preferably on the DMS-25 form) from:

Attn: Forms  
DHFS/DSL  
P.O. Box 309  
Madison, WI 53701-0309

In addition to providing space for gathering minimal demographic information about the relative caretaker, the minor relative, other adults living in the home and employees of the relative caretaker who would have regular contact with the child, there is included on the form a list of statements to which the relative must attest.

Regardless of whether this form or another form is used, the relative, during the application phase, must attest to the statements included on this form. We, therefore, recommend that any other form developed for this purpose include these statements with an area for the relative caretaker(s) to sign, indicating his or her (or their) concurrence with the statements.

Should there be more children, other adults or employees than the form will accommodate, a supplemental form or paper should be added so that all of these individuals can be identified and included. This will be of assistance should additional children, other adults or employees be added to the home or should the configuration of individuals change (i.e., there will be documentation of which individuals were in the home at the time of application).

## APPLICATION FOR KINSHIP CARE PAYMENT

Use of this form is voluntary, however its completion meets the requirements of s. 48.57(3m) of the Wisconsin Statutes. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only.

|                         |  |
|-------------------------|--|
| Caretaker Relative Name | Is this caretaker relative a resident of Wisconsin?<br><input type="checkbox"/> NO <input type="checkbox"/> YES, List how long _____ |
| Caretaker Relative Name | Is this caretaker relative a resident of Wisconsin?<br><input type="checkbox"/> NO <input type="checkbox"/> YES, List how long _____ |

|         |       |     |           |
|---------|-------|-----|-----------|
| Address |       |     |           |
| City    | State | Zip | Telephone |

|                           |  |                        |
|---------------------------|--|------------------------|
| Minor Relative Name       |  | Social Security Number |
| Relationship to Caretaker | Date Minor Relative Began Living with Caretaker Relative _____ |                        |
| Minor Relative Name       | Social Security Number   |                        |
| Relationship to Caretaker | Date Minor Relative Began Living with Caretaker Relative _____ |                        |

|                                 |
|---------------------------------|
| Name of Minor Relative's Parent |
| Name of Minor Relative's Parent |

|         |       |     |           |
|---------|-------|-----|-----------|
| Address |       |     |           |
| City    | State | Zip | Telephone |

I, the undersigned caretaker relative, attest to the following:

1. **That** neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
2. **That** I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
3. **That** I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
4. **That** I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
5. **That** I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.

|                              |             |
|------------------------------|-------------|
| Caretaker Relative Signature | Date Signed |
| Caretaker Relative Signature | Date Signed |

FORM CONTINUED ON REVERSE SIDE

**OTHER ADULT MEMBERS IN THE HOUSEHOLD**

|                                       |  |                                    |   |
|---------------------------------------|--|------------------------------------|---|
| Name                                  |  | Relationship to Caretaker Relative |   |
| Is the adult a resident of Wisconsin? |  | <input type="checkbox"/> NO        | <input type="checkbox"/> YES If YES, how long? <input type="text"/> |
| Name                                  |  | Relationship to Caretaker Relative |   |
| Is the adult a resident of Wisconsin? |  | <input type="checkbox"/> NO        | <input type="checkbox"/> YES If YES, how long? <input type="text"/> |
| Name                                  |  | Relationship to Caretaker Relative |   |
| Is the adult a resident of Wisconsin? |  | <input type="checkbox"/> NO        | <input type="checkbox"/> YES If YES, how long? <input type="text"/> |
| Name                                  |  | Relationship to Caretaker Relative |   |
| Is the adult a resident of Wisconsin? |  | <input type="checkbox"/> NO        | <input type="checkbox"/> YES If YES, how long? <input type="text"/> |
| Name                                  |  | Relationship to Caretaker Relative |   |
| Is the adult a resident of Wisconsin? |  | <input type="checkbox"/> NO        | <input type="checkbox"/> YES If YES, how long? <input type="text"/> |

**EMPLOYEES OF CARETAKER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD**

|           |  |  |                              |
|-----------|--|--|------------------------------|
| Name      |  | Is the employee a resident of Wisconsin? |                              |
| Address   |  | <input type="checkbox"/> NO              | <input type="checkbox"/> YES |
| City      |  | State                                    | Zip Code                     |
| Telephone |  | If YES, how long? <input type="text"/>   |                              |
| Name      |  | Is the employee a resident of Wisconsin? |                              |
| Address   |  | <input type="checkbox"/> NO              | <input type="checkbox"/> YES |
| City      |  | State                                    | Zip Code                     |
| Telephone |  | If YES, how long? <input type="text"/>   |                              |
| Name      |  | Is the employee a resident of Wisconsin? |                              |
| Address   |  | <input type="checkbox"/> NO              | <input type="checkbox"/> YES |
| City      |  | State                                    | Zip Code                     |
| Telephone |  | If YES, how long? <input type="text"/>   |                              |